

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

12/801091

FILING DATE

APPLICANT(S)

2-15-01 94-01 328-08 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		1		1		1
23		1		1		1
24		1		1		1
25		1		1		1
26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31		1		1		1
32		1		1		1
33		1		1		1
34		1		1		1
35		1		1		1
36		1		1		1
37		1		1		1
38		5		5		5
39		5		5		5
40		5		5		5
41		5		5		5
42	1		1			
43		1		1		
44		1		1		
45	1		1		1	
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50		1		1		1
TOTAL IND.	4		4		8	
TOTAL DEP.	114		113		128	
TOTAL CLAIMS	118		117		136	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		1
52		1		1		1
53		1		1		1
54		1		1		1
55		1		1		1
56		1		1		1
57		1		1		1
58		1		1		1
59		1		1		1
60		1		1		1
61		1		1		1
62		1		1		1
63		1		1		1
64		1		1		1
65		1		1		1
66		1		1		1
67		1		1		1
68		1		1		1
69		1		1		1
70		1		1		1
71		1		1		1
72		1		1		1
73		1		1		1
74		1		1		1
75		1		1		1
76	1		1		1	
77		1		1		1
78		1		1		1
79		1		1		1
80		1		1		1
81		1		1		1
82		1		1		1
83		1		1		1
84		1		1		1
85		1		1		1
86		1		1		1
87		1		1		1
88		1		1		1
89		1		1		1
90		1		1		1
91		1		1		1
92		1		1		1
93		1		1		1
94		1		1		1
95		1		1		1
96		1		1		1
97		1		1		1
98		1		1		1
99		1		1		1
100		1		1		1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CDR-1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/801091

FILING DATE

APPLICANT(S)

3-18-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		1
2		1		1		1
3				1		1
4						1
5						1
6						1
7						1
8						1
9						1
10						1
11						1
12					1	
13						1
14						1
15						1
16						1
17						1
18						1
19						1
20					1	
21						1
22						1
23						1
24						1
25						1
26					1	
27						1
28					1	
29						1
30						1
31						1
32						1
33						1
34					1	
35						1
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1080091

FILING DATE

APPLICANT(S)

29-08 1-27-09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9						
10						
11						
12						
13						
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19				1		1
20				1		1
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26				1		1
27				1		1
28				1		1
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
34				1		1
35				1		1
36						
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42						
43						
44						
45			1		1	
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.			8		8	
TOTAL DEP.			121		121	
TOTAL CLAIMS			129		129	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		1
52				1		1
53				1		1
54						
55						
56						
57				1		1
58				1		1
59				1		1
60				1		1
61				1		1
62						
63				1		1
64				1		1
65				1		1
66						
67				1		1
68				1		1
69				1		1
70				1		1
71				1		1
72				1		1
73						
74				1		1
75				1		1
76			1		1	
77				1		1
78						
79				1		1
80				1		1
81				1		1
82				1		1
83				1		1
84				1		1
85				1		1
86				1		1
87				1		1
88				1		1
89				1		1
90				1		1
91				1		1
92				1		1
93				1		1
94				1		1
95				1		1
96				1		1
97				1		1
98				1		1
99				1		1
100				1		1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CDL-4

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10801091

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1				1		1
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11				1		1
12			1		1	
13				1		1
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19				1		1
20			1		1	
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26			1		1	
27				1		1
28			1		1	
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
34			1		1	
35				1		1
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/801091

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/801091

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1				1		
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12			1			
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20			1			
21				1		
22				1		
23				1		
24				1		
25				1		
26			1			
27				1		
28			1			
29				1		
30				1		
31				1		
32				1		
33				1		
34			1			
35				1		
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS